Cumberland Trace Property Owners Association

Application for Lease

Lease Minimum of 12 Months

Note: Application must be submitted 21 days prior to occupancy for Board approval

A background check is required of all applicants.

\$100.00 APPLICATION FEE PAYABLE TO CUMBERLAND TRACE POA

COPY OF ID TO BE PROVIDED FOR ALL APPLICANTS OVER THE AGE OF 18 YEARS OLD WITH COMPLETED SIGNED BACKGROUND CHECK FORM

PLEASE PRINT CLEARLY

Property Address to be Leased:		Lease Date: From	То		
Owner's Name:					
Owner's Address:					
Owner's Email Address:					
Owner's Home Tele #:	Cell/Work Tele:				
Personal Data of Lessee: Names:					
(1)		Phone Contact No.			
(2)	Phone Contact No				
Present Address:					
Email Address:					
Home Telephone:	ne Telephone: Cell/Work:				
Employment: NAME AND ADDRESS:					
Other Adults To Live in Unit:					
Name:		Relationship:	Age:		
Name:		Relationship:	Age:		
<u>Children To Live in Unit:</u>					
Name:	Age:	Name:	Age:		
Name:	Age:	Name:	Age:		

	nal:		
Vehicle Info			
Tag #			Year:
(No boats, ti	railers, campers, commercial vehicles, l	buses, motor homes, or mobile home	s are permitted on property)
Lease Data:	There is a minimum written lease of	twelve months. The lease is to be w	ritten for the entire unit and n
portion ther	eof.		
Realtor:		Telephone:	
Address:			
A copy of the	e lease agreement MUST be attached	to this application.	
Documents:	and Agreement (A background check i	is required of all applicants)	
Documents	and Agreement (A buckyround encour)	s required by an applicanes,	
	I understand that Cumberland Trace F and Rules and Regulations.	HOA is a deed-restricted community	and I agree to abide by its
Signature:		-	
Signature:			
l have receiv	redhave notreceived a copy o	of the Rules and Regulations of the co	mmunity.
Completed /	Applications for Board Approval should	d be Sent to:	
	Sierra King, LCAM Ameri-Tech Community Management, 24701 US Highway 19N Clearwater, FL 33763	, Inc.	
Telephone:	(727) 726-8000 x506 FAX: (727) 87	3-7307 Email: sking@ameritechma	ail.com
Name and A	ddress of Homeowner or Real Estate A	Agent to whom Approved Application	n will be emailed:
	Homeowner/Agent:		
	Email Address:		
	Telephone:		
Annlication	Approved By:	D-4	
Application	Approved By:		

DATE	CUSTOMER NUMBER	2325-AMERI-TECH
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INICODALATION CODAL

	NFORMATION FORM, prospective
	<u>, , , , , , , , , , , , , , , , , , , </u>
Managed By:	Owned By:,
record, to obtain information for use in processing of this application. It an inquiry. If we cannot claim any invasion of privacy or any other claim	ager to inquire into my / our credit file, criminal, and rental history as well as any other personal / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made in that may arise against TENANT CHECK LLC now or in the future. SE_PRINT_CLEARLY
TENANT INFORMATION:	SPOUSE / ROOMMATE:
SINGLE MARRIED	SINGLE MARRIED
SOCIAL SECURITY #:	SOCIAL SECURITY #:
FULL NAME:	FULL NAME:
DATE OF BIRTH:	DATE OF BIRTH:
DRIVER LICENSE #:	DRIVER LICENSE #:
CURRENT ADDRESS:	CURRENT ADDRESS:
HOW LONG?	HOW LONG?
LANDLORD & PHONE:	LANDLORD & PHONE:
PREVIOUS ADDRESS:	PREVIOUS ADDRESS:
HOW LONG?	HOW LONG?
EMPLOYER:	EMPLOYER:
OCCUPATION:	OCCUPATION:
GROSS MONTHLY INCOME:	GROSS MONTHLY INCOME:
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:
WORK PHONE NUMBER:	WORK PHONE NUMBER:
HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO
SIGNATURE:	SIGNATURE:

IMPORTANT

PHONE NUMBER:

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

PHONE NUMBER:

CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION, INC. LARGO, FLORIDA

ADDENDUM TO LEASE AGREEMENT

- 1. The Association and/or its authorized agent shall have the irrevocable right to have access to each unit from time to time during reasonable hours as may be necessary for inspection, maintenance, repair or replacement of any Common Element therein or accessible therefrom, or for making emergency repairs therein necessary to prevent damage to the Common Elements or another unit or units.
- 2. The Lessee agrees not to use the demised premises, or keep anything in the unit which will increase the insurance rates of the unit or interfere with the rights of other residents of the Association or any other residents by unreasonable noises or otherwise; nor shall Lessee commit or permit any nuisance, immoral or illegal act in his unit, or on the Common Elements.
- 3. The Lessee covenants to abide by the Rules and Regulations, and the terms and provisions of the Declaration, and By-Laws of the Association, and agrees to be bound by the rules and guidelines of the Association and any other rules which may become operative from time to time during said Leasehold.
- 4. Lessee agrees to abide by the Parking Regulations, and the Commercial Vehicle polices, which includes no work vehicles (trucks or vehicles with commercial writing or advertising) parked on the property, at any time. When more than one vehicle is registered to this unit, the garage and the driveway will be utilized. Guest parking will not be used by registered vehicles overnight.
- 5. Upon the Lessee's signature below, it is agreed and understood that the Association has the Right to terminate a lease, or non-renew a lease with 30 days notice, based on any violation of the above Association documents. This agreement includes any violation of the Pet Regulation.

IN WITNESS WHEREOF, the parties here day of	hereto have agreed to all terms of this addendum on this, 2017.		
Signed in the presence of:	LESSEES:		
Board Member			
Board Member			

CUMBERLAND TRACE POA RENTAL UNIT INFORMATION

Unit Address:	
OWNER INFORMATION	
Owner Name(s):	
Owner Mailing Address:	
Email Address:	
	Work Phone #:
MANAGEMENT COMPANY II	NFORMATION
Company Name:	
Manager's Name:	
Email Address:	Phone #:
RENTER INFORMATION	
Name(s) on the Lease:	
Email Address:	
Home Phone #:	Work Phone #:
Lease Term:	months
Lease Commencement:	
Lease Expiration:	

Names of all Individuals who will be residing in the Unit during the term of the Lease and their relation to Tenant:

Name (Please Indicate if Adult or Child)			Relation to Tenant			
List the Make, Mod	del, and License Pl	ate Number	of Tenant's	s Vehicles:		
Make	Model	Color	Year	Plate Number	State	
Does the Lease a			Yes	No		
	or Cat			Breed		
Was Tenant given	an Access Key for	the Pool and	d Clubhous	se? Yes _	No	
	Date below (if form in place and my sign in place					
Owner Signature				Date		
Co-Owner Signature (if applicable)				Date		

THIS FORM MUST BE SUBMITTED WITH THE APPLICATION